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ABSTRACT

An inservice training program to enhance the ability of child protective services (CPS) workers to provide parent education to their clients was developed and tested with CPS workers in a rural Ohio county. The CPS workers' need for training in delivery of parent education was assessed through an 11-item pretraining survey that was completed by 20 of the county's 22 intake and outgoing social workers. The training program that was developed focused on parenting defiant children and attention deficit hyperactivity disorder (ADHD). The training program, which consisted of 10 weekly sessions that were attended by 58% of the individuals completing the pretraining survey, focused on increasing CPS workers' knowledge of managing behavioral problems and ADHD, ability to locate available parent education resources, and understanding of how to use the resources with parents. The 11 CPS workers who completed the training and the posttraining questionnaire credited the training program with increasing their levels of knowledge, awareness of available resources, and ability and willingness to use those resources to provide parent education to clients. (The bibliography contains 92 references. Appended are the following: weekly calendar of planned activities, pretraining survey cover letter, pretraining survey, and posttraining survey.) (MN)

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Enhancing the Abilities of Child Protective Services Workers to Provide Parent Education to Clients

by

Joan A. Vaughn

Cohort 13F

A Practicum Report Presented to the
Master's Program in Life Span Care and Administration
in Partial Fulfillment of the Requirements
for the Degree of Master of Science

NOVA SOUTHEASTERN UNIVERSITY

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7/13/97
Date

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Signature of Student

Abstract

Enhancing the abilities of child protective services workers to provide parent education to clients. Vaughn, Joan A., 1997: Practicum Report, Nova Southeastern University, Master's Program for Family Support Studies. Descriptors: Parent Education / Social Worker Responsibility / Child Protective Services / Social Worker Education / Child Abuse Intervention / Child Abuse Prevention / Social Worker Training/ Modeling Parenting Behaviors / Resource Review / Resource Use with Parent Education / Special Needs Children / Attention Deficit Hyperactivity Disorder / Defiant Child / Behavior Management.

Almost exclusively, child abuse prevention/intervention programs advocate the delivery of parent education to families. The author developed a 10 week implementation program designed to enhance the knowledge base, expand modeling abilities and increase awareness of agency resources for child protective services workers providing parent education to clients.

This practicum program was carried out in four phases and included pre-training and post-training surveys. Through the pre-training survey, workers identified behavior management and special needs children as their priority areas of need. These topics were researched and corresponding agency resources, i.e., videos, books, brochures and handouts, were located, reviewed and catalogued. These materials were then presented to the Child Protective Services workers in the form of a training focused on The Defiant Child and Attention Deficit Hyperactivity Disorder Child, and a handbook of catalogued resources, available within the agency.

Workers increased their levels of knowledge, modeling abilities, awareness of available resources, and effective utilization of resources for the provision of parent education. Social workers who participated in all aspects of the practicum program indicated an increased willingness to provide parent education to clients in the future. Appendices include pre-training and post-training surveys and weekly calendar of planned activities.

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CHAPTER I

INTRODUCTION

Designed to give the reader an awareness of the setting, this chapter includes an overview of the agency in which the problem, addressed in this proposal, occurs. In addition, my previous and present role within the setting, relevant to the practicum proposal, is discussed.

The Setting

One of 88 counties in Ohio, this rural county of approximately 223,000 people is located in the northeastern section of the state. Minorities comprise only 3% of the total population. A per capita income of $21,028. in 1995 ranked this county as sixth in the state (Ohio Public Expenditure Council, 1996). The unemployment rate has recently declined to 3.9%, slightly below both the state and national levels (Ohio Bureau of Employment Services, 1996). In 1993, 4.9% of the population were found to be below the poverty level (Ohio Department of Development, 1995).

Operating under the state department of human services (DHS), this county department is a triple-combined human services agency, in that the agency incorporates social services, income maintenance and child support divisions, supported by fiscal and administrative units. Each of the divisions operates independently, with interaction as required. The agency employs a total of 152 full time employees.

The Child Support division, a DHS addition in 1989, consists of 40 personnel involved with all aspects of child support. Paternity is established, court orders for support obtained, support enforced, and payments collected and disbursed. In addition, appeal hearings on actions taken are held. All county court ordered child support is paid through this division. All persons

seeking child support services, regardless of income, are eligible for services. At present, this division is servicing 12,000 cases.

The Income Maintenance division employs 48 personnel in a myriad of financial assistance, medical coverage, day care assistance, and employment and job training activities. Workers with generic-caseloads determine and redetermine client eligibility for Aid to Dependent Families and Children program (ADFC), now known as Temporary Assistance to Needy Families (TANF), Medicaid, Food Stamps, Jobs and Day Care. Combined TANF and Food Stamp cases presently include 3,700 individuals, of which children represent 68%. Thirty day care home providers and 45 child care centers are contracted with and billings monitored and paid. In addition, workers register clients for job training, employment and educational services. Approximately 20 minors, who are high school students, are enrolled in the Learning, Earning And Parenting Program (LEAP) which provides a monthly cash incentive for teenage mothers to remain in school.

The Fiscal Unit handles all financial matters of the agency operation including such sections as payroll and supplies. This unit also houses the computer systems and related staff. The Administrative Unit maintains all case files for the Child Support, Income Maintenance and Social Services Divisions, in addition to manning the switchboard and reception desks, completing limited typing and inputting data into the state Family and Children Services Information System.

The Social Services Division consists of the Adult Protective Services Unit and the Children Services Division. The DHS is the mandated agency, under the Ohio Revised Code, responsible for the investigation of all alleged abuse and neglect of adults and children.

The Adult Protective Services Unit is comprised of a Social Services Supervisor and four

social workers. Operating under the Ohio Revised Code that provides for the protection of adults, ages 60 or older, who have been alleged to be abused, neglected, exploited or self-neglectful, this unit completes approximately 50 investigations of such referrals each month. In addition, case management services are provided to elderly individuals requiring a needs assessments and information/resource referral. This unit works closely with the local council on aging, regional area agency on aging, local hospitals, nursing homes, assisted living homes, local mental health agency, medical staff, attorneys and the county probate court. Social workers often transport clients to effect geriatric assessments, secure resources, placement options and informal support systems, educate family members regarding the aging process and initiate legal action to enable provision of guardianship or conservatorship for the elderly person.

The Children Services Division is comprised of three units, as well as a children's residential center. The staff of 52 employees is made up of administrative personnel, supervisors, social workers, child care workers and clerical staff. Each of the three units has a distinct orientation. This Division works, with few exceptions, with cases under the jurisdiction of the county juvenile court. Services are provided to families and children, without regard to income. Children may be in the permanent custody, long term foster care, or temporary custody of the DHS in out of home placement or at home under court ordered protective supervision or protective services.

The Intake Unit receives all incoming referrals of child abuse, neglect and dependency and responds within state required time frames, ranging from 1 hour to 24 hours for a face to face interview with the alleged child victim. During 1995, 2,139 referrals were received by the DHS. The social workers complete the investigation, determine a finding and close the case or transfer

for ongoing services. Intake social workers maintain caseloads of approximately 19 cases.

The Ongoing Unit also completes required investigations on any case presently being serviced by their unit as well as receives the transferred cases from the Intake Unit. Services are provided for periods ranging from a few months to several years. The primary focus of the Ongoing Social Worker is to provide case management, resource and referral, complete any legal process, and set and monitor progress toward case plan goals. Ongoing Social Workers maintain caseload sizes of approximately 23 cases. At the present time, the DHS has custody of 80 children. Two social workers in this unit have unique duties in that they provide case management to adolescents in long term foster care and facilitate the placement for adoption of children in permanent custody of the agency. The latter activity is under the jurisdiction of the county Probate Court.

The third unit within the Children Services Division is the Substitute Care Unit. This unit has tasks divided among a number of diverse programs. The workers are responsible for recruiting for foster care, day care and adoption programs. They are also responsible for completing the orientation and ongoing training for these same programs. Foster parent licensure, recertification, compliance and completion of adoptive home studies is also part of this unit's responsibility. Certification, recertification and compliance monitoring of day care home providers is also required. Home investigations ordered by the juvenile court for families, not presently receiving services from the agency, are also this unit's responsibility. This unit's workers complete the eligibility determinations and recertifications for medical coverage or adoption subsidy programs for children in agency custody or children placed for adoption.

The Student's Role in the Setting

For the past 12 years, I have been employed with this DHS. During the first 11 years, I served as an ongoing children protective services social worker, ongoing protective services supervisor, and substitute care supervisor. Six months ago, I assumed the position of supervisor of the adult protective services, responsible for the unit operation and supervision of four social workers. In addition, I am responsible for direct supervision of two field placement students. In my capacity as supervisor, I answer directly to the assistant director and in his absence, to the agency director. This position also includes some community outreach in the form of participation in collaborative efforts with other community agencies, as well as providing educational training for groups of professionals and non-professionals.

For the past 8 years I have served as Surrogate Parent to children in the DHS custody who require any type of special education, such as speech therapy or severe behavior handicap classes. For this position, required by the Ohio Education Law, I have been certified and over the years have been appointed to serve by every school district within the county. While serving as an advocate for the child to ensure their educational needs are met, I am the responsible party for approving their Individualized Education Plan (IEP), releasing their records, and granting permission for testing and placement.

However, it was in my latter position as substitute care supervisor that I performed unique duties, only some of which have now been assumed by others, since my leaving the division. It was in this capacity that I redesigned and facilitated parenting education, a first for our agency. It became necessary on a number of occasions throughout the years, to custom design parenting information to meet unique needs of clients, many of whom were at risk of being permanently

divested of all their parental rights. This involved assessing needs, locating resources, planning training and facilitating the individual program. Upon completion, it usually was required that I provide court testimony relating to the program contents, the observations and progress/reduction in deficits noted, and an evaluation of the client's ability to learn parenting skills and/or apply appropriate methods to their own child/children. In addition to this work experience, I served as a foster parent in five states, parenting over 30 children. Children remained in our home for varying periods of time, up to 5 years.

CHAPTER II

THE PROBLEM

In this second chapter, the practicum problem is addressed and documentation within and without the local DHS agency is outlined. A discussion of the literature relevant to this problem is conducted. Finally, agency staffing, policies and statistics are reviewed with regard to their effect on this practicum problem.

The Problem Statement

Adult clients of the DHS often display deficits in parenting skills which place their child/children at risk for maltreatment and/or poor parent-child interaction. Americans are recognizing the tremendous consequences their society reaps for failing to prevent child abuse and neglect.

DHS social workers are unable to meet the unique parenting needs of clients through community resources or direct service provision. Community resources provide services to specific populations and programs cannot be modified to meet individual needs. Funding cuts have resulted in our county seriously restricting the one program available to provide parent education to teen parents. Parenting sessions are held irregularly by local mental health agencies however these are group classes, usually focused on a particular age group of children or dealing with a specific element of parenting, such as Attention Deficit Disorder (ADD) or chemically dependent children.

Educational programs for social work and related degrees give little attention to preparing students, either at the undergraduate or graduate level, to teach parents the basic skills required

for parenting. Only one social worker in the our DHS holds a Masters Degree and the remainder hold undergraduate degrees in social work or a variety of areas, such as political science, education and recreational therapy. Many DHS agencies fail to provide initial and/or ongoing training to workers involved in protective service activities resulting in a DHS social services staff who lack the necessary training and resources to affect direct individualized service provisions to these parents.

A Review of the Literature

A review of the related literature, as it pertained to parenting skills, was conducted. Three main aspects were explored. First, does the literature recognize, and to what degree, a lack of parenting skills as causation for child maltreatment? The second focus was on identification of the circumstances in which parenting deficiencies related to child maltreatment. Finally, the literature was reviewed for insight into what Child Protective Services (CPS) workers should do to protect children, whose parents' skill deficiencies place the children at risk of maltreatment.

Parenting Skills as Causation for Child Maltreatment

There appears to be a general consensus in the literature that the term, child abuse and neglect, or even the more current terminology, child maltreatment, lacks a commonly recognized definition (Helfer & Kempe, 1987; Kraizer, Witte, Fryer, & Miyoshi, 1990; Rothery & Cameron, 1990; Claussen & Crittenden, 1991; Korbin, 1991; Tower, 1992; Allen & Epperson, 1993; Clark, 1993; Gaudin, 1993; Nelson, Saunders, & Landsman, 1993; Saunders, Nelson & Landsman, 1993). The exception in this area appears to be sexual abuse of children. Sexual abuse of children is a form of violence and as Helfer and Kempe (1987) indicate, "..may consist of the misuse of the authority and power bestowed upon parents and caregivers in our social structure."

(p. 347). Since the intent appears to be gratification for the adult involved, rather than an omission or commission of an act included in childrearing, this subject has not been included in this paper.

Much of the investigative process within CPS requires subjective evaluations by workers. This complex issue is then made more so by the inconsistency of reporting standards and failure of many child welfare systems to adequately record child maltreatment (Sinanoglu & Maluccio, 1981; Helfer & Kempe, 1987; Kraizer, et al., 1990; Rothery & Cameron, 1990; Thompson, 1990; Donnelly, 1991; Korbin, 1991; Jones & McCurdy, 1992; Clark, 1993; Curtis & McCullough, 1993; Tracy, 1994). Ohio standard findings of substantiated, indicated or unsubstantiated do not allow for the registration of more than two areas of maltreatment. For example, in a case where physical abuse, emotional abuse, and physical neglect were found, one of the findings would have to be omitted. The placement of the forms of maltreatment on the registration form may consequently have significant bearing on which categories are most often omitted.

Neglect, a form of child maltreatment, was identified in the literature as largely ignored, lacking the attention of physical and sexual abuse, despite data that confirms this specific element of maltreatment to be the most prevalent (Urquiza & Winn, (n.d.); Child Welfare League of America, Inc., 1980; Sinanoglu & Maluccio, 1981; Helfer & Kempe, 1987; Kraizer, et al., 1990; Rothery & Cameron, 1990; Donnelly, 1991; Korbin, 1991; Jones & McCurdy, 1992; Pecora, Whittaker, Maluccio, Barth & Plotnick, 1992; Clark, 1993; Curtis & McCullough, 1993; Tracy, 1994; Mack, 1996). Rothery and Cameron (1990) pointed out specifically that the area of psychological abuse and emotional neglect were ignored, resulting in less programs being directed at prevention of this type of maltreatment. Jones (1987), speaking specifically to lack of

supervision, indicated that such parental failure resulted in a high fatality rate. Kraizer, et al. (1990) agreed that little focus has been placed on the impact of lack of supervision as an element of child maltreatment. Saunders, et al. (1993), in their agreement that neglect was the most prevalent form of child maltreatment, concluded that the results of such maltreatment may supersede that of physical abuse for children. In their later publication, these same authors went even further, stating that neglect was "..nearly as lethal." (Nelson, et al., 1993) (p. 661).

In the child abuse and neglect literature, little mention was made relating lack of parenting skills to causation. Historically, Mack (1996) believes that Sigmund Freud's theories prompted the continuing view that "...parental mistakes could wreak lifelong damage." (p.28). Mack also cited extreme views by Alice Miller that parenting in itself was naturally abusive, and those of Ellen Bass, Laura Davis and John Bradshaw that all families are dysfunctional and abusive. Nelson, et al. (1993) directly related poor parenting skills to neglect. In their systems approach to child abuse, Asen, George, Piper and Stevens (1989) concluded that poor parenting results in abuse. Citing the findings of other authors, Gaudin (1993) also related child neglect to parenting skills deficits. Garbarino cited as many as one quarter of American families being at risk due to lack of knowledge regarding childrearing and felt that inadequate parenting skills were equated with child maltreatment (Massachusetts Committee for Children and Youth, Inc., 1987). Other authors made slight mention of child maltreatment resulting from the parent having inadequate preparation for their role (Massachusetts Committee for Children and Youth, Inc., 1987). An indirect reference existed in Maluccio's developmental theory, which emphasizes the necessity of adequate parenting skills to reduce the risk of maltreatment (Brown & Weil, 1992).

Korbin (1989) described several case studies in which clear examples of abuse caused by

lack of parenting skills were related however she did not express this conclusion. However, more often than not, any literature recognition appeared almost as an aside from the author's main topic and frequently included extenuating circumstances, such as intellectual and emotional impairment or lack coping skills of parents as causation for maltreatment. Claussen and Crittenden (1991) focused on physical abuse, citing lack of parental anger control and concluded that "..poor parenting practices may lead to injuries far more severe than the parent predicted.." (p. 13).

Jones (1991) was more forthright in his statement that abusive parenting results in child abuse. Cataldo (1987) classified abusive parenting as abnormal child rearing behaviors. However, there was no clear indication in these writings that a parent who is abusive lacks parenting skills. As Claussen and Crittenden (1991) indicate, abusive behaviors are deviant parental behaviors. To jump to the conclusion that such persons lack parenting skills would be inappropriate.

Another group of authors referred to the current interest in substance abuse and the impact on the child welfare system. Several related parental addiction to child maltreatment, citing the addict's preoccupation with using chemicals and resulting failure to recognize their child's basic needs (Massachusetts Committee for Children and Youth, Inc., 1987; Famularo, Kinscherff, Bunshaft, Spivak & Fenton, 1989; Forward, 1989; Donnelly, 1991; Tower, 1992; Gaudin, 1993; Blau, Whewell, Gullotta, & Bloom, 1994; Tracy, 1994; Tracy & Farkas, 1994; Plasse, 1995). However, this area too remains unclear. Would the addict have, without the distraction of alcohol or chemicals, the necessary parenting skills to rear their children in a healthy environment?

Finally, in reviewing Shaken Baby Syndrome, a specific and often fatal form of child

abuse, lack of knowledge by parents of the dangers of such actions was blamed as causation (Claussen & Crittenden, 1991; Showers, 1992). This would appear to be the most clear-cut example of lack of parenting skills resulting in child abuse. As shown in the prevention program specifically designed to educate the public, parents and prospective parents, in particular, Shaken Baby Syndrome almost exclusively occurs as a result of persons' actions resulting from an inability to quiet a crying infant (Showers, 1992).

Child Maltreatment Circumstances Related to Parenting Deficiencies

Seven situations were identified in the literature review pertaining to the second aspect of the search. The likelihood of child maltreatment occurring in each was present if the parent involved displayed deficits in parenting skills. In addition, there was consensus that with outside stressors for the parent, such as lack of housing or financial problems, combined with any of the seven situations, the risk of child maltreatment increased substantially (Cataldo, 1987; Massachusetts Committee for Children and Youth, Inc., 1987; Famularo, et al., 1989; Korbin, 1989; Rothery & Cameron, 1990; Hewlett, 1991; DePanfilis & Salus, 1992; Jones, 1991; Levin, 1992; Tower, 1992; Gaudin, 1993; Saunders, et al., 1993). Single parenthood and/or lack of informal support systems were situations also mentioned by a number of authors as contributing to abusive conditions (Asen, et al., 1989; Rothery & Cameron, 1990; Korbin, 1991; Tower, 1992; Gaudin, 1993; Kissman & Allen, 1993; Nelson, et al., 1993; Saunders, et al., 1993). As previously mentioned in this review, alcoholism and/or substance abuse by parents, who lack parenting skills, enhances the risk of their maltreating their children.

The first situation centered around issues regarding disciplinary action by the parent. Gil believed that "approximately two-thirds of abusive actions occurred during discipline" (Rothery &

Cameron, 1990) (p.132). A number of authors found this to be a particularly troubling area of child management with parents often becoming punitive, or using inconsistent or ineffective methods of discipline (Faller & Ziefert, 1981; Helfer & Kempe, 1987; Jones, 1987; Famularo, et al., 1989; Rothery & Cameron, 1990; Claussen & Crittenden, 1991; Hewlett, 1991; Pecora, et al., 1992; Pitcairn, Waterhouse, McGhee, Secker & Sullivan, 1993; Straus, 1996).

Interaction within the parent-child relationship was also cited by a number of authors as representing a situation wherein problems occurred which could result in child abuse and/or neglect. Topics included in this broad area included circumstances in which the parent harbored negative attitudes toward the child or felt the child was difficult to manage (Cataldo, 1987; Helfer & Kempe, 1987; Jones, 1987; Massachusetts Committee for Children and Youth, Inc., 1987; Famularo, et al., 1989; Darmstadt, 1990; Rothery & Cameron, 1990; Brown & Weil, 1992; Showers, 1992; Allen & Epperson, 1993; Gaudin, 1993; Nelson, et al., 1993). Rothery and Cameron (1990) emphasized that the parent-child interaction that was disturbing was not so much a negative relationship but rather the absence of positive interactions. As outlined by Pecora, et al. (1992), this is a particularly troubling area that is often present with Failure To Thrive (FTT) infants.

A third situation frequently mentioned in the literature focused on parenting patterns. This reflected a number of problem areas. Included were parents who were unsure of their role, lacked experience because of their own maturity level or had developed poor parenting patterns as a result of their own parental role models (Urquiza & Winn, (n.d.); Faller & Ziefert, 1981; Helfer & Kempe, 1987; Jones, 1987; Massachusetts Committee for Children and Youth, Inc., 1987; Asen, et al., 1989; Pomerantz, Pomerantz, & Colca, 1990; Rothery & Cameron, 1990; Claussen &

Crittenden, 1991; DePanfilis & Salus, 1992; Pecora, et al., 1992; Peterson & Urquiza, 1993). In describing poor role models, these authors particularly emphasized parental childhoods in abusive and/or neglectful homes.

Another closely related situation involved lack of child development information resulting in unrealistic expectations by parents of their children. These parents often demand age-inappropriate behavior from their children such as those involved in household tasks, self-care and in some cases, role reversal where the child is expected to parent the parent (Faller & Ziefert, 1981; Galinsky, 1987; Helfer & Kempe, 1987; Jones, 1987; Massachusetts Committee for Children and Youth, Inc., 1987; Forward, 1989; Darmstadt, 1990; Pecora, et al., 1992; Tower, 1992; Gaudin, 1993; Nelson, et al., 1993; Peterson & Urquiza, 1993; Pitcairn, et al., 1993).

Circumstances where parenting skills were required to allow the child's basic needs for medical and dental care, food, shelter, clothing and protection to be met were also often mentioned as an area where lack of skills contributed to child maltreatment (Helfer & Kempe, 1987; Jones, 1987; Korbin, 1989; Rothery & Cameron, 1990; Gaudin, 1993; Pitcairn, et al., 1993). The literature was not clear as to whether these omissions by parents were due to a lack of knowledge of the consequences of failing to provide for their child's needs or whether external factors such as unemployment or lack of medical coverage could be faulted. Protection, as in security from an in-home perpetrator other than the parent, or appropriate child care were also mentioned under this topic (Kraizer, et al., 1990; Taylor, et al., 1991).

A number of authors recognized the presence of or acceptance of violence in our homes and societies as a situation in which parenting skills are often tested and found wanting. Corporal punishment in schools and homes were discussed as well as the pressures and direct consequences

of domestic violence within the family (Massachusetts Committee for Children and Youth, Inc., 1987; Asen, et al., 1989; Famularo, et al., 1989; Darmstadt, 1990; Rothery & Cameron, 1990; McKay, 1994; Straus, 1996).

Finally, several authors explored the situations in which cultural values and or changing societal values impact recognition of the parenting technique as appropriate or inappropriate (Jones, 1987; Asen, et al., 1989; Korbin, 1991; DePanfilis & Salus, 1992; Tower, 1992; Mack, 1996). Pecora, et al.(1992), in citing a number of writings, concluded that cultural differences do exist and may vary, even among different groups of the same ethnicity or culture. Most concluded that while different cultural rituals may be considered inappropriate in a different locale, determining the intent of the parent towards the child is crucial. Behaviors that were acceptable when parents or grandparents were children are no longer approved of. For instance, punishing a child, as in spanking with a wooden spoon, or depriving a child of a meal, may now be considered abusive. As noted earlier, the topic of violence in our society is presently receiving much focus. Consequently, many schools are currently re-thinking their positions with regard to corporal punishment of children.

Requirements of CPS Workers

Public Law 96-272 outlines the purposes of the child welfare system and indicates that the services should identify family problems and assist the family to resolve those problems (Brown & Weil, 1992). A number of authors specifically addressed the responsibility of the social worker to ensure that the children's rights were protected, that the children were not victims of abuse or neglect and that they were ensured the parental care and environment that would allow them to achieve healthy development (Child Welfare League of America [CWLA], 1980; Faller, Ziefert &

Jones, 1981; Rothery & Cameron, 1990; Pecora, et al., 1992; Gough, 1993; Tracy & Farkas, 1994; Drake, 1994). Swift (1995) states that while the social worker's goal is to help the child, to do so the worker must provide services to the parent. Szanton (1991), in discussing family centered therapy, cited limited effectiveness of child centered programs, as found in research. There appears to be agreement in the literature reviewed that this then is the goal for child protective services workers. However, the authors were in less agreement on how to achieve this ideal goal.

While CPS workers must make evaluations of parental skills to determine risk, many authors, in one form or another, agreed that the basis for evaluating parenting skills or the effectiveness of parenting programs was not readily measurable. Many advocated for more research, better statistics, more training and evaluation tools to assist social workers to make these difficult decisions relating to risk and need assessment (CWLA, 1980; Sinanoglu & Maluccio, 1981; Garbarino, 1987; Powell, 1987; Wandersman, 1987; Williams, 1987; Asen, et al., 1989; Famularo, et al., 1989; Korbin, 1989; Kraizer, et al., 1990; Rothery & Cameron, 1990; Claussen & Crittenden, 1991; Jones, 1991; Brown & Weil, 1992; Clark, 1993; Farmer, 1993; Gaudin, 1993; Gough, 1993; Pitcairn, et al., 1993; Nelson, et al., 1993; Saunders, et al., 1993; Tracy, 1994; Tracy & Farkas, 1994; Plasse, 1995). As Walsh (1993) points out, a clear definition of a normal family or normal family functioning remains elusive. Walsh describes the position of CPS families in her statement, "successful family functioning is dependent on the *fit*, or compatibility, between the family, its individual members, and other social systems" (p. 8). Only when families are investigated, are their parenting methods critiqued. Pecora, et al. (1992) asserted that "there is no universal standard for child rearing" (p.93). In supporting the need for

more research, Powell (1987) argues that "we need to determine what strategies are effective with what types of families" (p.311).

One direct service readily agreed on by many authors was the referral of families to resources by social workers (Faller, et al., 1981; Sinanoglu & Maluccio, 1981; Massachusetts Committee for Children and Youth, Inc., 1987; Rothery & Cameron, 1990; Donnelly, 1991; Jones, 1991; Levin, 1992; DePanfilis & Salus, 1992; Pecora, et al., 1992; Gaudin, 1993; Kissman & Allen, 1993; Nelson, et al., 1993; Blau, et al., 1994; Tracy, 1994). These resource referrals, designed to reduce the family stress, ranged from employment, training and education, financial and medical assistance, housing, child care, transportation, food and other basics of daily living. This topic also included assistance in establishing and maintaining informal support systems. Enhancing the family's informal support systems that would remain in place long after the agency involvement was terminated is mentioned as an important task for social workers (Garbarino, 1987; Moroney, 1987; Dunst, Trivette & Deal, 1988; Fenichel, Eggbeer & Task Advisory Board, 1990; Pecora, et al., 1992). Such systems provide parents with invaluable services, information and emotional support. However, Cochran (1991) cautioned that in attempting such enhancement, social workers must consider the basis of normal development of such systems.

Much of the literature agreed to social workers being educators, of the families they serve and the public, in general. Writings on intervention and prevention programs spoke to the provision of parent education to the parents of children involved in the child welfare system (Faller, 1981; Faller & Ziefert, 1981; Cataldo, 1987; Garbarino, 1987; Helfer & Kempe, 1987; Massachusetts Committee for Children and Youth, Inc., 1987; Pomerantz, et al., 1990; Rothery & Cameron, 1990; Donnelly, 1991; DePanfilis & Salus, 1992, Gaudin, 1993, Gough, 1993, Kissman

& Allen, 1993; Peterson & Urquiza, 1993; Tracy, 1994, Tracy & Farkas, 1994; Plasse, 1995; Swift, 1995). Emphasizing that providing parents with information was not enough, Helfer and Kempe (1987) believed that it was necessary for social workers to conduct "re-parenting" with the parents who had abused their children (p.385). A number of writings focused on the empowerment of families resulting from social workers focusing on family strengths (Faller, et al., 1981; Wandersman, 1987; Dunst, et al., 1988; Dunst, Trivette & Thompson, 1991; Pecora, et al., 1992; Cowger, 1994). Other authors, in writing about family support programs, support the empowerment principle, as well (Zuckerman & Brazelton, 1994; Weissbourd, 1994).

Finally, the authors called on social workers to prevent the maltreatment of children through public education relating to child abuse and neglect (Helfer & Kempe, 1987; Wodarski, Kirtz, Gaudin, & Howing, 1990; Donnelly, 1991; DePanfilis & Salus, 1992; Jellinek, et al., 1992; Gough, 1993). Donnelly (1991) specifically outlined the progress toward awareness by our society of the existence and consequences of child abuse and neglect among our population. She states that not only was the public becoming aware of the seriousness of this problem but parents were reporting that they were taking steps to alter their own behaviors. Citing changes in school discipline policies, Donnelly outlined the increasing number of people acting to prevent children from being victims of maltreatment.

Documentation

The DHS exhibits the inability to provide for clients' unique parenting needs for a variety of reasons. Factors such as staffing patterns, policies, practices, training, and resource availability are involved.

Staffing Patterns

The DHS consistently advertises beginning level positions and fills these vacancies with employees, classed as Social Worker II's. This classification indicates a lack of social work experience. The subsequent rating of Social Worker III is indicative of six months or more experience in the field. Consequently, the workers becoming employed in the Children Services Division are generally entering the field from college. In addition, social workers are not required by the state to be licensed, if employed by a public children services agency. Therefore, many lack this accreditation as well. During their employment, beginning level and experienced workers are required to complete the same tasks with the exception that Social Worker III's are permitted to train other staff and participate in community outreach activities.

Presently, there are 22 social workers in the Children Services Division Intake and Ongoing Units. Only 4% of these workers have been employed with the DHS for over 15 years, while 14% have been employed between 5 and 9 years. The remaining 82% of the social workers have been with the agency for less than 4 years. Longevity in the Ongoing Unit was the lowest, with an average years of service of 3.8 years. Yet, it is in the Ongoing Unit that the case plans are developed which include such elements as the provision of parent education and monitoring of progress. The social work staff ranges in age from 24 years to 53 years. Female workers comprise 82% of the staff, of which 4.5% are African-Americans. In keeping with the entry level position of the DHS, many of the workers are younger and lack the personal experience of parenting. Of the combined units, only 18% are parents while the Ongoing Unit has only 1 parent among the social workers.

Policies

To compound the problem, wide latitude is given to hiring employees with related degrees. This results in persons becoming social workers without the basic social work skills. For instance, our DHS has workers in social work positions with degrees in sociology, political science, and recreational therapy. Of the 22 social workers assigned to the Intake and Ongoing Units of the Children Services Division, only 1 has a graduate degree.

Training

At the present time, the DHS does not have a training unit or supervisor. Unit supervisors must assume this role with a new employee, in addition to their normal duties. Trainees are also assigned to shadow other unit workers. This can be problematic in that the level of expertise may vary considerably among workers providing training..

Throughout their employment, DHS social workers are required by the state to complete 60 hours of training during their first year, and 36 hours each subsequent year. Social workers are allowed to choose their own trainings, after the basic courses are completed. Selections are generally honored unless space is not available. This system results in workers often choosing topics that are of interest but not necessary useful in their present position, or not choosing topics in which they lack knowledge. State provided training has only recently incorporated some form of parent education training into their program, at my suggestion.

Practices

Each year, the agency receives in excess of 2,000 referrals of abuse and neglect of children. In 1996, 352 cases of neglect, in one form or another, were investigated, in addition to the 626 cases of abuse. In a random sampling of 9 records of investigations from the Intake Unit,

I found that 33% of the findings were indicated as unsubstantiated. In the remaining 6 cases, 8 allegations were investigated and found to be substantiated or indicated. In 4 of the cases the social worker noted some type of parenting deficit as relative, even though in 1 case the parent was not the perpetrator of the abuse. Despite these findings, all the cases were closed during the 30 day investigation period. No services were provided by the Intake Unit, other than resource referrals, during this period. None of the cases were transferred to the Ongoing Unit for further monitoring.

During an interview, an Intake Supervisor suggested that lack of previous history would be one factor that would impact the decision to close these cases rather than to transfer them for continued services. This would suggest then that the DHS practice is to close neglect cases without providing parenting education and wait for the problem to recur. It has been my experience that corrective action is often taken in the case of physical neglect that involves a home environment that is unsafe or unclean or lack of food. In the former, parents are required to take immediate action to improve the home situation. In the latter, food bank referrals generally supplement when finances are not available, or as in the home situation, parents are forced to initiate steps to provide the food for their children. In both cases, these are band-aid approaches as even with ongoing monitoring, the case will eventually close and the situation return to one of neglect. Having a clean, safe home with adequate food is not enough of a motivator for some persons and little education has been provided to them during this period to effect a permanent change.

Workers are not required and infrequently note in their dictations any information relating to an assessment of the parent's skills. Often, emphasis is placed on issues of substance abuse or

alcohol abuse and it remains unclear whether this parent would have parented effectively if the chemical abuse had not been occurring.

During my tenure, only those cases, of such duration and seriousness to warrant the DHS to begin permanency planning for the children in custody, have warranted referrals for individualized parenting classes. In that referrals were made to me, is indicative of the workers' reluctance to provide parent education to these individuals through direct service.

Resources

At the present time, caseload sizes vary between the Intake Unit and the Ongoing Unit. The Intake Unit workers receive approximately 10 new cases each month and carry an average caseload of 20 to 25 cases. Dispositions are required on investigations within 30 days. Ongoing Unit workers carry a caseload of approximately 15 cases. Resignations and maternity leaves are particularly troubling for this unit as cases, usually monitored for six months or more and often consisting of custody or court ordered supervision, must be reassigned among the present workers. Time constraints for these workers prevent them from locating resources for unique situations in the form of contacts with other agencies, materials from the libraries, or health information. While an extensive video collection is housed within the agency, the listing is merely one of video titles. Consequently, social workers must do extensive searching to determine if a pertinent video exists. During the previous one year period, only one social worker signed out a video. Educational materials and training curriculums are housed, without regard for subject, in boxes in the store room of the agency. Again, workers wishing to access such materials are forced to review each box to determine if any of the materials would meet their need. In addition, there are often no programs to meet the needs of the client. Funding cuts frequently remove

programs that are being used. Community agencies almost exclusively provide services to a specific population and cannot modify their programs to meet individual needs. DHS workers are then left with no options despite a keen desire to meet the needs of their clients and prevent further risk to the children.

Analysis

The inability of the DHS social workers to assist clients to reduce the risk to their children through increasing clients' parenting skill levels is the result of a number of factors. The problem is not confined to my agency, but rather is pervasive in PCSA's.

Education Limitations

The Council of Social Work Education, the body responsible for program accreditation, restricts social work programs to generalized degrees, at both the undergraduate and graduate level. Consequently, social workers are provided virtually nothing in the way of hands-on parenting experience and are given minimal exposure to parent education through required course lectures and materials throughout their schooling.

A review of the Cleveland State University's catalog confirmed minimal mention of any form of parent education at both the undergraduate level and in their Masters of Social Work (MSW) program which is pending accreditation. An undergraduate student, when interviewed, expressed his concern that the schooling did not provide the knowledge or skills he felt would be essential to any individual assuming a CPS position. Citing his own experience and learning as a Youth Leader for the DHS receiving home, this young man felt that his peers would be at a disadvantage if entering the CPS area of social work.

In discussing the limitations of providing generalized course work, the chairperson of the

social work department of Cleveland State University defended the solid foundation provided their graduates. She indicated, in addition to the basics of social work, their students were taught intervention and assessment strategies that include engaging community resources in situations in which students were not able to be direct service providers. The chairperson felt that students learned to be strong advocates for the clients and their needs. However, she also agreed that many counties in Ohio lack the local resources to allow CPS workers to access appropriate services for clients. Consequently, these workers must rely on their own knowledge and skills to provide services, such as parent education, in intervention/prevention efforts. Citing the fairly recent emphasis on parent education, the chairperson regretted the lack of movement within the education field to incorporate this aspect of social work into the course work. She believed that this change would be addressed in the near future but bemoaned the traditional lack of speed with which such changes are made.

An associate professor of Ursuline College in the Cleveland area also referred to the requirements of accreditation of the Council of Social Work Education which resulted in generalized degrees. In reviewing course materials, this individual recalled one element of parenting, discipline, being touched on during a specialized course in Domestic Violence. She indicated that if parenting was a requirement of a field work placement, the college would look to the placement agency to provide this training to the student or the student would return to their advisor for one-on-one training.

A catalog of course content from the Case Western Reserve University Masters of Social Services Administration (MSSA) program was also reviewed and two recent graduates interviewed. Again, parent education received little mention in the written course descriptions.

Both graduates indicated that parenting had been primarily ignored, except for minimal attention during a few selected classes on families or child development.

This lack of educational preparation of social workers is not limited to our DHS staff or graduates of our local or state educational institutions. A number of authors have expressed concerns relating to the inadequate preparation of social workers to meet the requirements of CPS (Brown & Weil, 1992; Kurland & Salmon, 1992; Denning & Verschelden, 1993; Drake, 1994).

Staffing Patterns and Policies

Staffing patterns for our county DHS would appear to be in keeping with those of other county PCSA's. A recent study, undertaken as a collaborative effort among the Ohio Child Welfare Training Program, the Northeast Ohio Regional Training Center, and Kent State University, by Dr. Dale Curry found that participating social workers in the 14 northeastern counties were 83.5% female, 84.8% white/European-American, ranged in age from 22 to 65 years, and had CPS work experience from zero to 44 years with a mean of 6.5 years. The average caseload for these workers was 19 cases. This data directly correlates with our DHS staffing patterns.

Lack of accreditation for DHS social workers is not limited to our agency or those within Ohio. Denning and Verschelden (1993) also found that many PCSA's employed individuals without social work degrees, at times, even without related degrees. Consequently, CPS workers at our DHS and in other PCSA's are being required to assume job related tasks for which they have little formal education or experience. Even those social workers motivated to complete graduate work are not acquiring the necessary skills to allow them to be direct service providers

of parent education to their clients.

As evidenced by the data above, lack of field experience does not result in a reduced caseload. Most workers do not remain extensive periods in CPS, creating a continuing replacement of experienced workers with inexperienced workers.

Training

As Curry (1997) found in his study, workers attend trainings for various reasons. Unfortunately, as in our DHS, Curry found that 67.5% of the trainees indicated that they had received no preparation by their supervisors prior to the training. This factor was particularly significant when training relevance was considered. Curry found high transfer of learning scores for those social workers who found the training to be applicable to their own caseloads. Supervisors allowing workers to choose topics that appeal to them rather than focusing training on relevant areas, particularly areas in which the social worker has weaknesses, contributes to the inability of many workers to provide parent education to those clients with parenting skill deficits.

Lack of Resources

In discussions with several staff from surrounding county DHS agencies, I learned that it was not unusual for the agency to resort to contracting with an individual to provide some type of structured parenting classes to meet the needs of the clients. However, limited funding and threats of cuts pose serious risk to the present situation. One county administrator reported that the clients referred to parenting classes by their agency were almost exclusively court ordered to attend. This had created problems when the service provider was asked to testify in court to parental progress. Not only did the service provider refuse to do so but they stopped accepting DHS clients, insisting that their policy required that participation be voluntary. Since this

program operated under a grant and provided free service, their refusal to serve the DHS clients has serious monetary implications for the DHS. The administrator felt that some of her workers would be capable for providing individualized parent education to clients but lacked the time to locate the resources, such as videos or handouts, or to prepare a customized agenda for the parent.

Another county supervisor indicated that they resorted to outside agencies to provide services but often felt they were wasting their funding as little feedback was provided by either the client or the service provider. She agreed that individual needs are not necessarily going to be met in a structured 8 week program on discipline or a one-size-fits-all program. Their local hospital was providing excellent infant and pre-school classes. However, they found that another service provider's parent education program exceeded the learning level of the DHS clients being referred. Their agency had attempted to provide parenting classes but found that issues such as the availability of child care and transportation created obstacles for many participants. Then, too, clients were often not motivated to regularly attend. The DHS had case aides employed who were used primarily to transport. In another attempt to facilitate education, these aides were asked to serve as home visitors. Unfortunately, the DHS found that there was no available training resource to train their aides. In addition, the job descriptions for the aides did not include this task and conflict with the union representing the aides quickly led to the demise of their program. Like the first DHS, this supervisor felt that a number of their staff were capable of providing parent education to their clients but time constraints were the major factor deterring such efforts.

Finally, the last county agency was enthusiastic about their contracted programs. A grant

had been obtained that provided funding for a variety of structured 4 to 6 week sessions, aimed at different age groups or situations, such as blended families. The agency was engaging the commitment of clients by providing free classes, plus bus fare to facilitate participation. This supervisor admitted that they had not had a new worker hired for years but felt that the agency would send the individual for training, if necessary. It was unclear where this individual would be sent to secure the training.

Summary

Our DHS experiences the same problems found throughout the CPS system, with regard to the capacity of the social work staff to provide parent education to meet the parenting deficits of clients. Whether entry level positions or positions held by graduate level workers, the education process resulting in undergraduate and graduate degrees in social work has seriously restricted the social workers' education and experience to provide this necessary element of intervention/prevention programs for the population with whom they work. As in research, the social work profession has not placed the degree of importance on preparing students to provide parent education and instead has focused on issues such as case management, and most recently, risk assessment.

The hiring patterns and policies of our DHS is in keeping with those of other PCSA's. The hiring of young, inexperienced workers whose educational background, as above, has ill prepared them to deal with the demanding tasks of CPS is, in itself, a major factor in the DHS' inability to meet the parenting needs of clients through their line workers. The acceptance of related degrees that provide even less pertinent backgrounds and maintaining CPS positions as entry level increases the range of training needs of new workers.

Despite the need for initial and ongoing training, many agencies lack formalized training programs and resort to subjecting the new worker to on-the-job training or at best, limited time with a supervisor and shadowing other workers. Our DHS initiated a training program however funding cuts have resulted in a termination of the trainer and a return to the old, inadequate methods. Ohio state regulations provide mandatory training hours for new, as well as experienced, workers. However, these regulations only provide required topics for the initial training of new workers and thereafter allow workers to select trainings. Initial training is to be completed within the worker's first year however few agencies, including our DHS, can afford the luxury of a worker being a full time trainee. Consequently, caseloads are often assigned to a worker within a short time after their hiring and prior to any state training. It has also been my experience that workers choose trainings based on location, who else is attending, the length of the training, and whether the topic has any particular interest for them. It was apparent in Curry's (1997) study that this selection process is not limited to our DHS. Additionally, there appears to be wide-spread lack of supervisory assistance for workers to guide them to choose topics relevant to their caseloads and in keeping with their own training needs.

It would appear that PCSA's are often forced to resort to outside trainers in order to provide parent education to their clients. Many agencies, as our DHS found, provide limited or inappropriate services that are ineffective with the clients referred. PCSA's have limited ability to monitor the programs or insist on modifications that would allow the needs of the clients to be met because in many cases, a provider may be the only one available, locally. Funding seriously limits the agency's ability to provide no-cost classes to clients and clients are unwilling or unable to meet even the sliding scale costs of community services. The option of meeting the clients'

needs for parent education on a one-on-one basis through their own social work staff, even when caseload size, time restrictions and staff capabilities make such a plan feasible, is limited by the staff's lack of access to available resource materials. In most agencies, no collection of materials, organized for easy access, is available to assist social workers to inform themselves and/or provide the basis of the provision of parent education to their clients.

CHAPTER III

GOALS AND OBJECTIVES

As verified through documentation and literature review, CPS workers are generally ill prepared to serve as direct service providers of parent education to their clients. This much needed service is a integral part of almost every prevention and intervention program. This chapter outlines the goal and objectives designed to complete this practicum, concentrated in this vein. Included will be the focus of the practicum, the target population, the type and amount of change expected, the time frame for change and finally, the locale.

Goal

The design of this practicum is focused specifically on enhanced development of the provision of parent education to CPS clients by DHS social workers. Objectives have been designed to meet this goal as outlined below.

Objectives

(1) DHS social workers will increase their knowledge of parenting related issues through training sessions held during implementation stage of practicum.

(2) DHS social workers will enhance their ability to model parenting behaviors through training sessions held during implementation stage of practicum.

(3) DHS social workers will perceive an increase in their ability to locate appropriate resource materials within the agency.

Improvement, as noted in all three objectives listed above, will be evidenced through self-reporting process, to include pre-tests and post-tests completed by social workers, who will participate in training sessions held at the DHS.

CHAPTER IV

SOLUTION STRATEGY

In this chapter, a literature review of similar solution strategies is discussed and models and programs with like goals are examined. Both positive and negative elements of the programs are considered. Finally, a solution strategy is outlined to resolve the specific problem of direct service provision of parent education by social workers.

Literature Review of Like Programs and Models

A review of the literature found programs which provided solution strategies for specific portions of the problem addressed in this practicum. However, no one program was found that addressed the provision of training and materials to PCSA social workers, to prepare and enable them to, in turn, provide parent education to their caseload clients.

Even those programs, the emphasis of which was parent education, were inappropriate models for this practicum because they addressed specific populations, were structured group sessions or involved other sites or services such as drop in centers, school-based or respite, as well as staffing differences ranging from contracted therapists and practitioners to volunteer parents and aides. Others, while addressing social worker provision of parent education were nonspecific relating to process or course content. General statements of missions such as "increase parenting abilities" were common (Tracy & Farkas, 1994) (p.66). Overall, the literature review issued a consistent call for parent education for clients in almost every prevention/intervention program but offered minimal assistance with preparing social workers to achieve this objective.

As mentioned above, several program segments were relative to this practicum proposal. Jones (1987), in discussing community efforts to educate the public regarding neglect, suggested the creation of a brochure tailored for parents to inform and assist them to make decisions relating to self-care for their children. One of Jones' suggestions was that this tool be used as the core for discussion between social worker and family. Several programs were directed at educating the child or parents and children with regard to self care. The "I'm in Charge" evaluation program of the Kansas Committee for Prevention of Child Abuse which assisted families with self-care information is one of these. Several states adopted this model, under the title The Balancing Work and Family Project, under the sponsorship of the National Committee for Prevention of Child Abuse (Massachusetts Committee for Children & Youth, Inc., 1987). However, these programs used volunteers to provide structured group sessions within the community to both the parents and children. Overall, parent education programs of this nature may be cost effective for a PCSA in that a number of clients are served at one time without detracting from the caseload time of line workers. In addition, certain segments of the CPS population benefit from attending group sessions with clients experiencing similar problems, such as loss of custody of their children (DePanfilis & Salus, 1992; Levin, 1992; Plasse, 1995). However, in a small county with limited clients requiring the service at any one time, individual service provision allows for timely intervention, as well as the benefits of one-to-one discussion. The basic information content of the program would be a significant asset to child safety issue discussions between social workers and clients and information of this nature should be included among the resources available to PCSA social workers.

An education program by Showers (1992) was designed to research whether increased

awareness of the danger of shaking babies occurred with new parents when educational materials were provided. As above, their brochure which briefly and clearly outlined Shaken Baby Syndrome, and offered alternative and appropriate methods for managing a crying baby, would be a useful tool for workers to facilitate discussions with parents of new children, serving both as an educational piece, as well as child abuse prevention.

Warm lines were often included in programs as an essential service to provide crisis support and information to parents (Massachusetts Committee for Children & Youth, Inc., 1987). Again, many of the programs are geared toward the provision of services focused on a specific population. Several other programs located were basically resource development programs with a warm line component. However, the Family Tree Parenting Center & Counseling Service, in Lafayette, Louisiana, in keeping with the Family Support principles, based their program on the belief "that all parents sometimes need help" (Goetz, 1992) (p.96). It appears that programming and targeted populations change to meet the identified needs of the community. Consequently their programs cover a wide range of parenting problems, age groups and diverse topics, as would be needed in the PCSA program. Their warm line then continues to reflect their philosophy and is open to all parents. Our agency has a child abuse and neglect 24 hour phone line which can be used by parents in crisis, however social workers would probably not be encouraged by the agency to promote this as a nonemergent support service to clients because of the time requirements of the emergency social worker, responsible for handling after-hour calls. This social worker is generally active after-hours on calls of an emergent, investigatory nature. In addition, the agency would consider this service to be too costly, in that the emergency worker is paid overtime rates for any work involved.

Still other programs were based on home visiting. This, too, is the foundation of CPS casework. As, in the home visiting programs, services are custom designed to individual needs. Greater rapport is achieved in this type of one on one situation, allowing the client to be reached in their own home rather than forcing the client to access services in an environment, less conducive to relaxed transfer of learning. Two programs were located that had strong similarities to this practicum strategy. Delaware Opportunities, Inc., Delhi, New York had programs, the focus of which was child abuse and neglect prevention, designed to meet the needs of a population similar to the PCSA clients (Goetz, 1992). Their home visiting program however was primarily staffed by paraprofessionals versus the degreed social work staff of the PCSA. Family-Child Resources, of York, Pennsylvania also had a prevention and intervention focus. This program, as above, was developed to meet the needs of families and children and participation centered on a "need-based criteria" (Goetz, 1992) (p.78). Their home visitors were degreed staff as would be used in the PCSA program. The assessment and evaluation of the family by the Family-Child Resources staff determines the referral to programs and/or the need for home-based services. This process is similar to that employed by the Intake Social Worker during the investigation, which results in the transfer of the case for ongoing services.

In addition to the lack of literature surrounding programs that trained social workers to provide parent education to clients, the programs described in the literature were, almost exclusively, voluntary populations. In all cases, with the PCSA, clients are non-voluntary and this distinction is a major issue. PCSA social workers must intervene, at a time when an adversarial situation is usually present, and without the opportunity to establish rapport with the family. Service provision is time-limited and parent education of an informational nature must be

succinct, relevant, non-judgmental and written or presented so as to be directed to the comprehension level of the client.

Parenting self-help books, tapes and video programs abound on the bookshelves of libraries and bookstores. Many advocate specific theories of child rearing, such as the *Dare to Discipline* techniques of James Dobson (1970) or the *Love and Logic* method of Foster Cline and Jim Fay (1990). Pediatricians have produced numerous books on childrearing, such as Dr. Spock's *Baby and Child Care* (1985), a revised classic. Dr. T. Berry Brazelton's *What Every Baby Knows* (1987) is in keeping with his popular television show of the same name. Most of the books are written at a comprehension level above that of many CPS clients and none afford the reader the opportunity to consult with the writer/therapist. Consequently, there is no provision of feedback or reinforcement to parents relating to their application of the skills, nor are the parents afforded the chance to ask pertinent questions or seek further direction. Such materials would provide relevant, current information to social workers when researched. Unfortunately, few, if any, social workers have the luxury of available time to research individual parenting needs that arise among families within their caseloads. Video parenting programs, such as *How To Talk So Kids Will Listen* by Adele Faber and Elaine Mazlish (1990) and *Active Parenting* by Michael Popkin (1987) require trainer preparation, presentation and followup and involve time investments beyond the capacity of most social workers with an active caseload of 20 cases or more. Nonetheless, pertinent information on childrearing can be gleaned from these resources and shared with clients. This practicum will utilize these publications or segments of publications that can then be shared by the social workers with their clients as the basis for discussion and learning.

In summary, none of the models or programs specifically addressed this practicum

problem. This practicum proposes the provision of informal parent education versus the structured models and programs usually associated with parent education. No age group or specific population criteria, with the exception of being CPS clients, will be used. The nonvoluntary nature of the population will be recognized. Like home visiting programs, the practicum is geared to social workers providing parent education in the home of the family. However, duration and frequency of the program will be determined by the learning needs of the client, as well as the time constraints of the social worker's caseload. As Dunst, et al.(1988) advocate, the social worker will become a teacher and incorporate the parent education "as child level interventions....into the daily routines of the family.....to promote rather than to interfere with family functioning" (p.92). In keeping with this same philosophy, the social worker will become an enabler, in that he/she will teach the client to seek out pertinent resources, such as parent education, to meet their own needs and interests, in the future.

Description of Solution Strategy

The basic premise of this practicum is to invent training and secure resources to facilitate an enhancement in the abilities of DHS social workers to provide parent education to their clients. The implementation period of 10 weeks will consist of five phases, which will include the distributing and collecting of the measurement instruments, locating and cataloging available resource materials, locating training materials, and designing and presenting the curriculum. Each phase involves different activities and time frames (see Appendix A for chronological listing). The completed portions, are each, an integral part of the practicum program and necessary for the satisfaction of the stated goal and objectives.

In order to meet the goal of enhanced development of parent education to CPS clients by DHS social workers, an initial determination of identified problem areas must be made. To achieve this end, in the initial phase, a survey of DHS social workers will be conducted (refer to Appendixes B and C). Each handwritten survey will be typed by myself to protect worker confidentiality. Responses will be compiled and a determination made as to which areas will be addressed, in what fashion, and to what degree. These activities will be carried out by myself with the DHS social workers participating in the provision of input through the completion of the survey instrument. The first week of the implementation period will be allotted for this activity.

During the second phase, all available resource materials within the agency, pertaining to the focus topics, will be located and catalogued. Outside sources will be searched for appropriate materials, pertinent to those focus topics for which no in-house materials have been found. These tasks will be carried out by myself during a 4 week period.

The third phase of the program involves the preparation of a curriculum for the program, focused on the topics identified by the social workers. The session, will include information and training, and will be designed to expose participants to new information and opportunities to model parenting behaviors, as well as receive listings of available resources. Flexible scheduling will allow social workers to choose a session without time conflicts. Participant packets will be prepared and contain handouts, sample brochures and resource information and listings. These activities are mine, solely, with the exception of the task of selecting and signing up for the session which will be the responsibility of the social workers. This phase of the program will be completed in a 4 week period.

In the fourth phase of the program, a culmination of all the collection and preparation, described above, will be presented by myself to social workers at the structured session. Social workers will be provided post-training surveys, to provide input (refer to Appendix D). These activities will take place during a 1 week period.

Finally, the completed surveys will be collected, typed to protect confidentiality and the results compiled and compared to the initial surveys to determine to what degree, if any, the objectives of the practicum were met. This task is completely my responsibility and will be carried out during the final week of the implementation period.

In summary, the first week of implementation period will determine the program focus. Weeks 2 through 8 will serve as preparation for the training sessions to be held during the ninth week. The final week is devoted to evaluating the effectiveness of the program and determining if program objectives have been met. A chronological listing of planned activities is contained in Appendix A.

CHAPTER V

RESULTS OF STRATEGIES EMPLOYED

This chapter outlines the activities completed during the practicum implementation, including the results as well as any unexpected rewards or consequences encountered. An explanation of adherence to timeframes is also included.

Activities Completed

Phase I

This first phase not only signaled the beginning of the practicum implementation but in itself determined the focus of the program. Phase I included the distribution and collection of a survey instrument to the DHS social workers and the compilation of their responses.

Planning and lack of planning each resulted in their own unique consequences. I was the only person privy to the identity of individual respondents, and all numbered surveys were retyped to protect confidentiality. This process was more time consuming than I had anticipated and social workers later indicated that the anonymity had not impacted their responses. Several social workers lost their original survey and copied that of a co-worker which resulted in duplicate numbered surveys, thus requiring a location and correction process.

The most time consuming problem was the result of failure of the social workers to return their surveys, in a timely manner. I had not set a predetermined acceptable level of participation for this practicum and consequently, had to diligently seek out and remind those social workers who failed to turn in their responses. This effort did, however, achieve a 100% participation of the 22 Intake and Ongoing social workers within the 1 week timeframe allotted.

Two trainees participated in the pre-training survey, however they found it necessary to leave the majority of the questions unanswered as they were still in the academic phase of their training and lacked any previous social work experience. Shortly after completion, 1 of the 2 trainees resigned. At this point, a decision was made to eliminate their responses. The figures listed in this report reflect the adjusted responses and calculations.

The survey instrument, consisting of 11 questions, was designed to allow self-evaluation by social workers of the frequency of their provision of parent education to clients, their ability to do so and areas in which they felt an increase in knowledge, ability or resources would facilitate increased effectiveness (refer to Appendix C). Social workers were given the option to prioritize the types of resources as well as the areas in which resources would be useful. Open-ended questions allowed social workers to designate personal areas of need as well as add comments.

Of the 20 social workers responding to the open-ended query relating to areas of need for knowledge development, as noted in Table 1, 70% listed their first priority to be increased knowledge relating to some type of behavior management with children. Of the remaining responses, two-thirds listed special needs children as their priority (see Table 1). Social workers were given the option to answer with as many as four responses for this question, prioritizing by personal importance. Of the 52 total responses given for this question, 60% related to behavior management (see Table 1). Another indicator of the importance of this issue to the social workers responding was reflected when the data was compiled. Almost half of the workers responded with two or more priority needs relating to some form of behavior management.

Table 1

Percentage of Pre-training Priority Responses by Need Area

Need Area	First Priority	Total Priorities
Behavior management	70.0%	60.0%
Special needs children	20.0%	21.0%
Child development	5.0%	11.0%
Child care	5.0%	6.0%
Other	0.0%	2.0%

Note. Percentage of first priority based on 20 responses. Percentage of total priorities based on 52 responses.

It was apparent that the result of the DHS social workers' assessment of their need to increase their knowledge was a requirement for learning more about appropriate parenting techniques to assist their clients to deal with problem behaviors. As noted in Chapter 2, Rothery and Cameron (1990) were of the belief that two-thirds of abuse occurs during parental discipline efforts. Consequently, social workers are well aware of behavior management gone awry and appear to be seeking to better prepare themselves to protect children and help parents to effectively cope with their children's behaviors. Realizing that no training session or series of

sessions can adequately address all child behavior issues, I determined to focus on the two highest response priorities - behavior management and special needs children. The Defiant Child and Attention Deficit Hyperactivity Disorder (ADHD) Child were selected as topics, recognizing that while each have unique characteristics and needs, positive parenting techniques to address their behaviors will, as a general rule, work equally well, if not better, with other children.

As noted earlier, the second series of questions included in the survey appeared to be confusing to some of the responding social workers. In these questions, social workers were asked to assess the frequency with which they modeled parenting behaviors for their clients, their own ability to do so and to list areas in which they felt an increase in their abilities would positively impact the client learning. Three of the responding social workers called and asked for clarification of the last question prior to completing the survey, while four surveys contained no response. One contained a comment "Unclear what this means?" The workers' responses to questions about the frequency and abilities were unexceptional. However, when asked to indicate specific areas in which an increase in their ability to model parenting behavior would positively impact their client's learning, a number of answers were listed that appeared to reflect a possible lack of understanding. Examples of responses which appeared unrelated to modeling parenting behaviors included "nutrition", "child development milestones", and "parental motivation to change". Consequently, it was determined that this issue would be addressed and clarified during the training session.

With regard to the social workers' awareness of the availability of resources and how to effectively use them for parent education, the results of information provided to these questions were unexpected. A 0 to 10 scale was used, with 0 signifying "Unaware of Any" and 10

signifying "Very Aware". When rating their awareness of resources within the agency, the mean scores of the respondents' ratings indicated that they had limited awareness of the video resources within the agency, many of which they would have viewed during their training period. However, their awareness increased when books were the subject. This was interesting, in that the agency books are dispersed at random on numerous book shelves in an area seldom used by the workers.

Table 2

Pre-training Responses of Awareness of Agency Resources

Resource	Low Awareness	Medium Awareness	High Awareness	Mean Score
Videos	12	7	1	3.9
Books	9	9	2	5.25
Brochures/Handouts	5	10	5	6.25

Note. Total responses = 20. Low awareness = scale points 0 to 4, medium awareness = scale points 5 to 7, and high awareness = 8 to 10.

When asked to rate their ability to use these same resources to provide parent education to clients, the social workers clearly felt they did not know how to use videos, as a mean score of 3.45 resulted. This response was interesting when compared with the prioritizing of types of

resource mediums that they felt would be most useful to them to provide help to their clients. While 45% of the social workers ignored the instructions to prioritize, of the remainder, 50% rated videos as their top priority.

Those responding were more aware of how to use books for the provision of parent education as an overall mean score of 4.8 was found. Despite their increased awareness of this resource, 75% of those responding felt that this was the least useful resource to them for the provision of parent education to their clients.

Their awareness of how to utilize the resource increased dramatically when the subject was brochures/handouts, with a mean score of 6.4 being determined. There possibly was some confusion as to what constituted a brochure versus a handout and these two resource types were rated as second and third choices for useful materials.

Finally, the social workers were asked to indicate specific areas in which they felt resource materials would be helpful. Of those responding, 68% specified some form of behavior management as the top priority. Materials relating to child development issues and special needs children were also considered important. Phase I was completed within the proposed time frame of 1 week.

Phase II

Locating and cataloging resources within the agency was the focus of this phase of the practicum, with a particular concentration on those topics indicated by the social workers to be a priority. Because responses from the social workers indicated that they knew less about the availability of videos and how to effectively use them for parent education, but felt this medium was the best type of resource to use with clients, all parenting issues with regard to videos were

completion. The selected topics of The Defiant Child and ADHD Child were researched, with a behavior management emphasis. As discussed earlier in Chapter 2, abuse causation has been linked by numerous authors to negative parental attitudes toward a child, i.e. considering the child difficult to manage. Children in both topic categories can easily elicit this type of response as their inappropriate behaviors frequently result in parental frustration and withdrawal of nurturance. A number of current publications specific to ADHD were reviewed including Garber, Garber and Spizman (1990) *Is Your Child Hyperactive? Inattentive? Impulsive? Distractible?: Helping the ADD/Hyperactive Child*; Kennedy, Terdal and Fusetti (1993) *The Hyperactive Child Book*; Alexander-Roberts (1994) *The ADHD Parenting Handbook: Practical Advice for Parents from Parents*; Taylor (1994) *Helping Your Hyperactive/Attention Deficit Child*, Barkley (1995) *Taking Charge of ADHD: The Complete, Authoritative Guide for Parents*, and Phelan (1996) *All About Attention Deficit Disorder*. The Defiant Child segment of the training was based primarily on a 1995 publication, *The Challenging Child: Understanding, Raising, and Enjoying the Five "Difficult" Types of Children* by Stanley I. Greenspan. The curriculum for the training included a definition of each type of child and the similarities and differences noted in each condition. Promoting a disability perspective as recommended by a number of authors, the training focused on positive methods of reinforcement and effecting behavior changes. Specific to the ADHD child, positive techniques to reduce hyperactivity, increase impulse control, improve rule compliance, and address inappropriate behaviors were incorporated into the training. Positive techniques designed to address the needs of the Defiant Child were outlined along with parenting patterns to avoid.

Handout packets were prepared for all agency social workers which included information

pertinent to training topics, a bibliography of materials used, and a listing of catalogued agency resources noted earlier in this chapter, and reproducible charts from *Good Behavior Made Easy* by Garber, Garber and Spizman (1992).

Three training sessions were scheduled on different days of the week and at different times of the day to allow greater access for social workers. An acceptable participation level was not preset. When held, these sessions had a total participation of 58%.

The training also included an explanation of the lack of clarity of the responses received to the questions pertaining to modeling of parenting behaviors, contained in the pre-training survey. Most social workers agreed that they were uncomfortable with the concept of modeling parenting behaviors for their clients as they lacked any significant personal hands-on experience with children. As noted in Chapter 2, only a small percentage of the social workers are parents. The time limitations of their home visits were also a concern. Social workers indicated that they often modeled when they felt the situation warranted their intervention because of a risk to a child that was being ignored by the parent. I was able to use a recent agency visitation situation as an example illustrating the technique used, the results and value to the client/parent of such modeling.

The handout each worker had been given was reviewed. Along with explanations of the types of resources available, social workers were given ways to present these resources to their clients to effectively provide parent education. Post training surveys were distributed and collected. Nine weeks had passed since they completed their pre-training surveys and a number of the social workers commented that they were unable to remember how they had rated themselves initially. Thus, Phase III was completed in a timely manner during the 4 week implementation

timeframe.

Phase IV

The primary focus of this phase was the compilation, comparison and interpretation of survey responses and was timely completed. While the pre-training survey consisted of 22 respondents, 2 trainees had been removed from the survey. Consequently, comparisons were made between the 20 initial responding social workers and the 11 participants who completed both the pre-training and post-training surveys. In compiling data, a no response was considered to be equal to 0. Data from the scored items of the surveys were subjected to a two-tailed t-test which found the pre-training and post-training populations to have a homogenous relationship only on some items. An additional one-tailed t-test was run to calculate probability levels for statistical significance.

Results

The goal of this practicum was to enhance development of the provision of parent education to CPS clients by DHS social workers. This was to be accomplished through three objectives focused on increase of knowledge, enhancement of modeling ability and increasing ability to locate resources. Comparisons of the results between pre-training and post-training responses of the social workers were very encouraging. Enhanced development of the provision of parent education to CPS clients by DHS social workers is reflected in increases which occurred in every category, ranging from changes of minimal to significant values. Therefore, the goal and objectives of this practicum were achieved.

Objective 1

Training sessions held during the practicum implementation period were to result in

increased knowledge by social workers of parenting related issues for the requirements of the first objective to be met. Pre-training and post-training ratings of the frequency and intended frequency of provision of parent education to clients established mean scores of 7.3 and 7.73. Consequently, only a slight amount of increase, or an average of .43 scale points per social worker, was found to have occurred. A t-test derived probability level indicated that statistical significance was not achieved for this section of the knowledge category.

When asked in the pre-training survey to rate their personal level of knowledge, relating to provision of parent education to clients, the mean score of the social workers' ratings was 6.75. This mean score increased minimally in the post-training surveys, to a mean score of 7.0. This represented an average increase of .25 scale points per social worker. As indicated by t-testing, this data also did not achieve statistical significance.

Prior to training, as noted earlier in Table 1, 70% of the social workers responding listed some type of behavior management as the priority need for increased knowledge. Following training, this area increased to 91% in the social workers' responses. The second priority, special needs children, decreased to 0% and was replaced by issues relating to parents, such as low functioning conditions.

Increases of .43 and .25 scale points per social worker, while slight, were illustrated when the mean scores were compared in the knowledge category. No statistical significance was established for the knowledge category therefore, this objective was minimally met.

Objective 2

The second objective required that social workers enhance their ability to model parenting behaviors for clients through practicum training sessions. The frequency of modeling and the

social workers' assessments of their abilities to do so were addressed. As noted earlier in this chapter, there appeared to be some confusion surrounding this area. While pre-training responses found the social workers rating their frequency of delivery with a mean score of 5.35, following training, this mean score had increased to 6.73 as an intended frequency rate. While slight, this comparison of mean scores reflected an average increase in scale points of 1.38 per social worker. T-test results found statistical significance did not exist for the ability level portion of the modeling category.

Data from pre-training and post-training ratings of the social workers' abilities to model parenting behaviors for clients found mean scores of 6.25 and 7.09. Overall, this slight change computed to an average increase of .84 scale points per social worker. However, again t-testing revealed that statistical significance had not been achieved.

Differences between responses in pre-training surveys and post-training surveys, relating to the modeling need areas, were noteworthy. Behavior management was still identified as an area in which social workers felt they needed to increase their modeling abilities in order to effectively provide parent education to their clients. However, priority responses decreased from 75% in pre-training to 56% in post-training. Conversely, issues relating to the parents and special needs children increased. This time, 13% of the social workers identified the need for more time with the families, as well as hands-on experience as a priority.

Increases were realized by social workers in both modeling abilities and their frequency intent, as illustrated by average score increases of 1.38 and .84 scale points per social worker. While no statistical significance was found for the modeling category, the second objective of this practicum was satisfied.

Objective 3

Successful completion of the third practicum objective necessitated a perceived increase by social workers in their abilities to locate appropriate resource materials within the agency. Ratings were solicited from the social workers as to their awareness of agency resources, specifically videos, books, brochures and handouts, on both the pre-training and post-training surveys. The mean score for pre-training responses increased dramatically when compared to post-training responses relating to the social workers' awareness of video resources within the agency (see Table 3). This represented the largest category increase, with an average increase of 5.19 points per social worker on the rating scale. When data was subjected to a t-test, the finding indicated a probability level of .00001. Consequently, differences can be considered to be real and not the result of chance.

With regard to books, the mean score of pre-training responses for the social workers' ratings of their awareness significantly grew following training (see Table 3). These results depict a significant increase in the social workers' ratings or an average scale point increase of 3.75 per social worker. As with the videos data, t-testing of these responses found the probability level well within the range for statistical significance.

While to a lesser degree, the pre-training responses mean score of the workers' ratings of their awareness of agency brochures and handouts also increased following training (see Table 3). These responses showed an average increase of 2.85 scale points per social worker. A t-test of this data revealed a probability level well within the realm of statistical significance.

Table 3

A Comparison of Pre-training and Post-training Responses of Awareness of Agency Resources

Resource	Pre-training Mean	Post-training Mean	t-value	Probability
Videos	3.9	9.09	5.4	.00001
Books	5.25	9.0	5.8	.00001
Brochures/Handouts	6.15	9.0	3.3	.00113

Note. Pre-training mean score based on 20 responses. Post-training mean score based on 11 responses.

Social workers were asked to rate their ability level to effectively provide parent education to clients with these same categories of resources - videos, books, brochures and handouts. When their abilities with videos were rated, the pre-training responses showed a dramatic increase when compared to that of the post-training responses (see Table 4). This was the second largest increase, as reflected in an average increase of 4.1 scale points per social worker. T-testing established a statistically significant finding for this data.

The result changes when books were considered were considerably less impressive. Nonetheless, a comparison of mean scores for pre-training and post-training responses found a considerable increase (see Table 4). This change depicts an average scale point increase of 2.93

per social worker. As with videos, statistical significance was determined through t-testing for the book category.

Table 4

A Comparison of Pre-Training and Post-Training Responses of Abilities to Use Resources for Provision of Parent Education

Resource	Pre-training Mean	Post-training Mean	t-value	Probability
Videos	3.45	7.55	4.6	.00022
Books	4.8	7.73	4.6	.0067
Brochures/Handouts	6.4	8.09	3.8	.0172

Note. Pre-training mean score based on 20 responses. Post-training mean score based on 11 responses.

The brochure/handout category saw even relatively smaller changes reflected in the mean scores comparison of the pre-training and post-training responses (see Table 4). However, an average scale point increase of 1.69 per social worker was realized. This data, when t-tested, revealed a probability level within the range of statistical significance. Finally, social workers were queried regarding their present and intended frequency levels for use of resources for parent

education for clients. The pre-training responses mean score of 5.25 for frequency of provision of parent education utilizing resources increased to 6.73. This change represents an average increase of 1.48 scale points per social worker. As before, when this data was t-tested, statistical significance was confirmed through a probability level of .03864.

In the pre-training survey, 68% of the social workers responding felt resources relating to behavior management were the priority. Following the training, 87% of the responses now noted behavior management as their priority for resource materials. When prioritizing types of resources the pre-training responses rated videos as first, while post-training responses relegated this medium to third place. Books continued throughout to be considered the least effective medium.

Objective 3 was achieved in that the social workers reported a dramatic enlargement of their awareness of agency resources. In addition, the social workers indicated enhanced abilities to effectively utilize these same resources to provide parent education to clients and a willingness to do so at an expanded rate, as evidenced by statistically significant results.

An opportunity for an interesting comparison occurred during this practicum. One of the Ongoing supervisors completed and returned the sample pre-training survey I had forwarded for her information. She indicated she felt it may be helpful to hear from a supervisor's perspective, and listed the concerns voiced by social workers during case conferences. This same supervisor attended the training and completed the post-training survey. This individual showed increased scores in almost every category. A strong advocate for the value of parent education to clients, she continued maximum scoring for intended provision, on all levels. She noted increased knowledge and modeling abilities. Her scores reflected a mean score change from 6 to 9 in

awareness of resources. With regard to her knowledge of how to effectively provide parent education using these same resources, her mean score increased from 7 to 9.

The single goal and three objectives of this practicum were met, with varying degrees of success. The abilities of social workers to locate agency resources and to effectively use them for parent education were significantly impacted. The increases realized in the knowledge and modeling categories, while considerably less, were nonetheless positive changes.

CHAPTER VI

This chapter summarizes the findings of Chapter 5, in the areas of knowledge, modeling and resource awareness for social workers. Program implications are discussed, recommendations for future activities are made and plans for dissemination of these practicum results are proposed. Program suggestions for similar agencies are outlined.

FINDINGS AND DISCUSSION

The goal of the practicum was to expand the provision of parent education through a focus on the areas of knowledge, modeling and resources. Every category realized increased scoring following training. Areas relating to knowledge showed the least change, with areas of awareness of resources reflecting the largest increase.

Social workers rated their personal level of knowledge to provide parent education to clients as only slightly higher. Their intended frequency of provision scores only increased slightly, as well. The small change may be the result of prior training experiences. As noted in Chapter 2, Ohio CPS workers are required to complete 36 hours of training annually from selected courses offered on a regional basis. A review of training records found that 55% of the participating social workers attending the practicum training program had, within the last 2 years, attended one or more trainings on special needs children or some type of parenting behaviors. It is my experience that under similar circumstances, I consider a transfer of learning to have taken place if I glean one piece of new data or acquire a new perspective of all or part of the subject matter. Consequently, I believe the increase in knowledge level noted can be considered to have enlarged the knowledge base of these social workers in the areas they designated as being in need of development. This is evidenced by their higher ratings and their documented intent to expand

their future provision of parent education. It appears that training has also amplified their awareness of the many facets of behavior management that exist in parent-child interactions, as the number of social workers indicating behavior management as still their priority grew in post-training surveys. It also appears that the unique problems relating to providing parent education to parents with personal issues, such as mental health or intellectual functioning conditions, had now been acknowledged.

The results in areas relating to the modeling of parenting behaviors by social workers remains less clear due to initial confusion regarding this concept. Based on increased scoring for expanded future modeling of parenting behaviors for clients and enhanced modeling abilities, there appeared to be a better understanding of this concept and the intrinsic value of hands-on delivery of parent education to clients, following the training. While the modeling category reflected a greater change than the knowledge category, the increase was not substantial. Following training, the social workers changed their priorities, with less emphasis being now placed on behavior management and increasing attention being paid to issues relating to parental conditions and modeling. Social workers now identified the need for more hands-on experience and time spent with the families.

In the area of social workers' awareness of and ability to use agency resources, such as videos, books, and brochures/handouts, the results were significant. These changes reflected a substantial increase in awareness and their abilities to effectively utilize these same resources to educate parents. This category also showed social workers expanding the frequency of their intended provision for the future.

Several other notable comparisons were made in this area. While social workers had

initially chosen videos as the top priority as a resource medium for parent education, post-training surveys found their choice to be brochures/handouts. In addition, a greater percentage of social workers felt resources relating to behavior management were most important.

Throughout this practicum implementation, the social workers expressed, in numbers and priorities, their need to learn more about behavior management of children and provide clients more parent education related to this same subject. Under this main topic, a variety of issues were mentioned, such as potty training, bed wetting, discipline, and communication. With a raised awareness of the available resources and use methods designed to facilitate client learning, the social workers re-prioritized the resource mediums desired but remained true to their major issue - behavior management.

IMPLICATIONS

Clearly the data gained from the queries relating to knowledge confirmed that even brief training experiences result in an expanded base. While only slight increases were realized, it was obvious from the pre-testing scoring that the DHS workers were, for the most part, comfortable with their personal knowledge levels, as it related to the provision of parent education to clients. As noted earlier, DHS workers attend at least six sessions of training per year. Supplementing this mandatory training with shorter sessions, relating to topics identified by the DHS workers as priorities, may meet the needs of the social workers in a variety of areas, such as nutrition, potty training or bed wetting, that are not included in regional training.

Social workers indicated verbally that time restrictions were, in part, responsible for their reluctance to model parenting behaviors for clients during their home visits. The size of caseloads is directly related to the number of social workers available. The agency has just recently

experienced two resignations, one social worker is on maternity leave, with another one nearing a similar leave. Caseload reassignments occur because of these absences and tend to create a fear of being overwhelmed for those social workers involved. This situation will be adjusted when new workers are trained and thus available to assume caseloads. However, this situation will re-occur with the next leave or resignation of a unit social worker. Unfortunately, this occurrence cannot be predicted and restoring equilibrium requires time for hiring practices and training processes that would be unaffected by this program.

Most of the social workers agreed that there is a great deal of risk taking involved in modeling. Social workers without hands-on experiences with children were less comfortable with their abilities to intervene successfully when inappropriate behaviors were being observed. Questions about retaining credibility with a parent when the social worker's intervention fails were voiced. It would appear that the social workers will need to have an opportunity to fully identify their concerns relating to modeling so that they can be addressed further.

The areas of resources was clearly one of misunderstanding, misperception and ignorance. Resources have been gathered at the agency level without a particular focus or a great deal of input from social workers. Training social workers on the area of parent education provision through the use of mediums such as videos, books, brochures and handouts appears to be largely ignored in the regional sessions and at our agency. According to the social workers' self-evaluations, even a brief session significantly increased their levels of awareness of where to locate pertinent materials and how to effectively employ them with clients.

Finally, as noted in Chapter 5, an Ongoing Supervisor participated in all three stages of the practicum implementation - pre-training survey, training and post-training survey. It was

interesting to observe that increases occurred in most categories for this seasoned social worker, who is also a parent. It would seem reasonable to assume that since supervisors usually rise from the ranks, they may have some degree of the same deficits voiced by the social workers during the practicum.

In the near future, this practicum report will be shared with those agency staff who provided input and support. At this time, I have agreed to repeat the training within the agency. From this practicum research, there appears to be a need among other CPS agencies for expanded delivery of parent education to clients, however no plans have been made at this time to formally disseminate the report to other agencies. The findings of this practicum appear to indicate a willingness on the part of CPS workers to provide parent education to clients. Agencies' systems will need to be critiqued to ensure that social workers are being provided the training, the hands-on experience and the appropriate resources to effectively deliver this service. Input from the line workers is essential to successful provision and opportunities should be created for social workers to assess their own personal strengths and weaknesses. Resources will need to be gathered with specific needs in mind and the value of which is validated by both social workers and clients periodically. Utilizing this practicum program or a similar program would allow agencies to evaluate the provision of parent education to clients as carried out by their staff.

RECOMMENDATIONS

The agency and clients would directly benefit if social workers were allowed to periodically identify areas in which they feel a need for increased training. Trainings could be focused on a specific topic but allow time for individual exploration of problem areas. Follow-up

sessions may be helpful if social workers become aware of questions or concerns as they begin utilizing the new information or methods in their casework. It may be even more effective to offer social workers the opportunity to return individually for reinforcement and direction. With the absence of a training supervisor, Intake and Ongoing supervisors are again responsible for the on-the-job training for trainees. Based on the findings above, it would appear that staff training should include those in supervisory positions, as well.

Social workers would profit from specific trainings in teaching methods designed to effect learning and empowerment. In post-training responses, greater recognition was given by social workers to the difficulty of providing services to clients with personal issues, such as mental health problems or chemical addictions. Learning different approaches to effect transfer of learning to individuals with different education and intellectual levels, as well as cultural and lifestyle differences, would be helpful to the workers in both the provision of parent education and other aspects of casework with these families, whether investigatory or case management.

Opportunities for hands-on experiences such as field work at a Head Start program, a child day care center, the agency's childrens' residential center or the juvenile detention center would probably increase social worker awareness of the different behavior management techniques employed by these professionals. This could be included in the training sessions for trainees but even seasoned social workers would benefit from shadowing professionals in these areas.

An ongoing effort within the agency to determine the availability and usefulness of resources in a continuation of the practicum program would ensure that social workers maintain a high level of awareness. New resources should be critiqued and catalogued as appropriate and

present cataloging updated, on a continuing basis. Ongoing additions to the handbooks already provided could be made. Emphasis should be placed on obtaining resources that meet the needs identified by social workers and clients. Followup efforts to determine client satisfaction could consist of a self-addressed, stamped postcard with boxes for the client to check. Identifying information could be limited to a code number in the corner. Recognition should be given to the expense, as well as obstacles, involved in parent education delivery via video tapes. Wear and tear, as well as possible loss of tapes and equipment, could well undermine the availability of this resource medium.

It appears social workers are, for the most part, willing to provide the parent education to clients that most intervention/prevention programs advocate as essential. Provided the training and resources, they appear willing to increase the delivery of parent education. However, it became clear during this practicum program that the lack of hands-on experience cannot be replaced only by text-book learning.

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APPENDIX A

Weekly Calendar of Planned Activities

Weekly Calendar of Planned Activities

Week 1:

* Distribute survey and accompanying letter to social workers
* Answer practicum related questions, if necessary
* Collect completed surveys. Locate outstanding surveys, after deadline.
* Type handwritten responses to protect confidentiality
* Compile results of survey responses
* Determine from results, those topics identified by social workers as areas in which increases in knowledge, modeling behaviors, or access to resources are needed.

Week 2:

* Begin process of viewing available videos, complete brief synopsis of contents and catalog by subject

Week 3:

* Continue the activities begun in Week 2.

Week 4:

* Locate books, brochures, and handouts available within the agency for focus topics
* Complete brief synopsis of contents and catalog by subject

Week 5:

* Search outside sources for brochures and handouts for focus topics, where none exist within the agency

Week 6:

* Locate pertinent training information and materials to facilitate preparation of a curriculum and presentation of information and modeling behaviors, i.e. written information, audio visual.

Week 7:

* Continue the activities of Week 6.

Week 8:

* Complete activities of Weeks 6 and 7. Schedule sessions to allow participation by all involved social workers. Send out and collect sign-up sheets. Prepare individual packets of handouts for each social worker. Send out reminders of training session date and time.

Week 9:

* Provide scheduled, structured sessions of information and training, using various mediums. Include question and answer period. Distribute social worker survey to attendees at end of session. Collect completed surveys.

Week 10:

* Type collected responses. Compile and compare results.

APPENDIX B

Pre-Training Survey Cover Letter

Joan A. Vaughn
9379 Jackson Street
Mentor, OH 44060

April 16, 1997

Dear Staff:

As most of you know, I am enrolled in the Masters program at Nova Southeastern University. At this time, I am completing the final portion, the practicum course, for the Family Support Studies. I need your cooperation and assistance to achieve this goal.

I have been given approval to conduct my practicum within the Children Services Division. The basic premise of my practicum is to provide you, as social workers, greater opportunity to assist your clients through parent education, provided during the course of your regular casework.

During this initial part of the ten week implementation period, you are being asked to provide input regarding the areas of direct service provision of parent education, in which you feel you could use an increase in knowledge, skills or access to resource materials. The information you provide on the attached survey will determine the program focus. To ensure that you feel comfortable giving an honest, self-evaluation of your needs, all completed surveys, when submitted, will be retyped by myself to eliminate the identification of the repondent. No information relating to individuals will be shared with the agency. Please return the survey to me, **no later than 4 PM on 4/25/97.** If you have any questions or concerns, please feel free to share them with me at extension 4260 or by e-mail.

During the tenth week of the implementation period, your input will again be sought, to determine if your identified needs were met through this effort. Hopefully, not only will you gain from this project but the agency will have a tool available, on an ongoing basis, to assist you to meet the unique needs of those clients who are unsuitable, for whatever reason, for participation in group sessions of the agency "How To Talk So Kids Will Listen" program or community parenting classes. I look forward to working with you, in this way, to help you to meet the challenges and demands of providing intervention/prevention services to the parents within your caseload and very much appreciate your cooperation and support.

Sincerely,

Joan A. Vaughn, LSW

APPENDIX C

Pre-Training Survey

SOCIAL WORKER SURVEY

The purpose of this practicum is to provide a tool, available to agency social workers on an ongoing basis, to assist you in the provision of parent education to clients. Your evaluation of areas, in need of enhancement, will determine the focus of this program. Your self evaluation, at the end of this practicum implementation, will assist in the identification of areas not previously identified or which continue to need attention.

1. In the course of casework activities, during which I interact with clients/adult family members within my caseload, I provide parent education

0 1 2 3 4 5 6 7 8 9 10
Hardly Ever *Almost Always*

2. With regard to providing parent education to clients within my caseload, I would rate my personal level of knowledge as

0 1 2 3 4 5 6 7 8 9 10
Very Dissatisfactory *Very Satisfactory*

3. Specific areas in which I feel a need for increased knowledge, in order to adequately meet the needs of clients for parent education are: (*Prioritize by importance to you, with #1=highest, etc)* [Examples: child development, discipline]

#1. _____ **#2.** _____
#3. _____ **#4.** _____

4. In the course of casework activities, during which I interact with clients/adult family members within my caseload, I model parenting behaviors for them

0 1 2 3 4 5 6 7 8 9 10
Hardly Ever *Almost Always*

5. I would rate my ability to model parenting behaviors for clients as

0 1 2 3 4 5 6 7 8 9 10
Very Dissatisfactory *Very Satisfactory*

6. Specific areas in which I feel an increase in my ability to model parenting behaviors would positively impact client learning are: *(Prioritize by importance to you, with #1 = highest, etc.)*

#1. _____ **#2.** _____
#3. _____ **#4.** _____

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7. I am aware of resources <u>within our agency</u> that would be available to me to facilitate provision of parent education to clients within my caseload

Videos:

0 1 2 3 4 5 6 7 8 9 10

Not Aware of Any *Very Aware*

Books:

0 1 2 3 4 5 6 7 8 9 10

Not Aware of Any *Very Aware*

Brochures/Handouts:

0 1 2 3 4 5 6 7 8 9 10

Not Aware of Any *Very Aware*

8. I know how to use these resources to provide parent education in an effective manner

Videos:

0 1 2 3 4 5 6 7 8 9 10

Hardly Ever *Almost Always*

Books:

0 1 2 3 4 5 6 7 8 9 10

Hardly Ever *Almost Always*

Brochures/Handouts:

0 1 2 3 4 5 6 7 8 9 10

Hardly Ever *Almost Always*

9. During normal casework activities, I use resources to educate parents

0 1 2 3 4 5 6 7 8 9 10

Hardly Ever *Almost Always*

10. Specific areas where I feel resource materials would be most helpful are *(Prioritize by importance to you, with #1=highest, etc)* [Examples: child development, nutrition]

#1. _____ **#2.** _____
#3. _____ **#4.** _____

11. The types of materials that would be the most useful to me to provide help to clients are: *(Prioritize by importance to you, with #1=highest, etc.).*

____ Video ____Books ____Brochures ____Handouts/articles
____ Other (please explain)_____
_____

COMMENTS:

_____

_____

Thanks for your help!

APPENDIX D

Post-Training Survey

SOCIAL WORKER SURVEY

The purpose of this practicum is to provide a tool, available to agency social workers on an ongoing basis, to assist you in the provision of parent education to clients. Your evaluation of areas, in need of enhancement, has determined the focus of this program. Your self evaluation, at the end of this practicum implementation, will assist in the identification of areas not previously identified or which continue to need attention, as well as determine the effectiveness of this program.

1. Following this training, I feel that In the course of casework activities, during which I interact with clients/adult family members within my caseload, I would now provide parent education

0 1 2 3 4 5 6 7 8 9 10
Hardly Ever ***Almost Always***

2. With regard to providing parent education to clients within my caseload, following this training, I would rate my personal level of knowledge as

0 1 2 3 4 5 6 7 8 9 10
Very Dissatisfactory ***Very Satisfactory***

3. Specific areas in which I still feel a need for increased knowledge, in order to adequately meet the needs of clients for parent education are: (*Prioritize by importance to you, with #1=highest, etc)* [Examples: child development, discipline]

#1. _____ **#2.** _____
#3. _____ **#4.** _____

4. Following this training, in the course of casework activities, during which I interact with clients/adult family members within my caseload, I feel I will now model parenting behaviors for them

0 1 2 3 4 5 6 7 8 9 10
Hardly Ever ***Almost Always***

5. Following this training, I would rate my ability to model parenting behaviors for clients as

0 1 2 3 4 5 6 7 8 9 10
Very Dissatisfactory ***Very Satisfactory***

6. Specific areas in which I feel an increase in my ability to model parenting behaviors would positively impact client learning are: ***(Prioritize by importance to you, with #1 = highest, etc.)***

#1. _____ **#2.** _____
#3. _____ **#4.** _____

7. <u>Following this training,</u> I am aware of resources <u>within our agency</u> that would be available to me to facilitate provision of parent education to clients within my caseload

Videos:

0 1 2 3 4 5 6 7 8 9 10
Not Aware of Any *Very Aware*

Books:

0 1 2 3 4 5 6 7 8 9 10
Not Aware of Any *Very Aware*

Brochures/Handouts:

0 1 2 3 4 5 6 7 8 9 10
Not Aware of Any *Very Aware*

8. <u>Following this training,</u> I know how to use these resources to provide parent education in an effective manner

Videos:

0 1 2 3 4 5 6 7 8 9 10
Hardly Ever *Almost Always*

Books:

0 1 2 3 4 5 6 7 8 9 10
Hardly Ever *Almost Always*

Brochures/Handouts:

0 1 2 3 4 5 6 7 8 9 10
Hardly Ever *Almost Always*

9. <u>Following this training</u>, during normal casework activities, I feel I would use resources to educate parents

0 1 2 3 4 5 6 7 8 9 10
Hardly Ever ***Almost Always***

10. Specific areas where I feel <u>additional</u> resource materials would be most helpful are *(Prioritize by importance to you, with #1=highest, etc)* [Examples: child development, nutrition]

#1. _____ #2. _____
#3. _____ #4. _____

11. The types of materials that would be the most useful to me to provide help to clients are: *(Prioritize by importance to you, with #1=highest, etc.).*

____ Video _____Books _____Brochures _____Handouts/articles
____ Other (please explain)_____
_____

COMMENTS:

_____

_____

Thanks !!